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Notice of Independent Review Decision

February 2, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI to right knee without contrast 73721

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Certified by the American Board of Orthopaedic Surgery
Recertified by the American Board of Orthopaedic Surgery, 2011
Orthopaedic Sports Medicine Subspecialty CAQ, ABOS, 2011

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Knee Chapter has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who alleges an injury to her right knee on xx/xx/xx, due to a slip and fall on a wet floor at work.

On April 9, 2007, the patient was seen for right knee pain with associated stiffness and tenderness. The pain was rated at 5/10. Examination of the right lower extremity was positive for medial joint line tenderness, positive McMurray and Apley's compression test and positive crepitus. The knee was stable to varus and valgus stress testing as well as anterior and posterior drawer testing. She had a Q angle of 30 degrees. X-rays of the right knee showed no fractures or dislocations. The patient was diagnosed with internal derangement of the right

knee and possible bone bruise of the right knee. Medications were prescribed and magnetic resonance imaging (MRI) of the right knee was ordered.

On April 11, 2007, an MRI of the right knee identified grade 3 to early grade 4 chondromalacia patella, evidence for prior operative intervention, small joint effusion, and diminutive anterior cruciate ligament (ACL).

On April 16, 2007, the patient received an injection of Lidocaine, Marcaine, and Kenalog to the right knee.

On May 16, 2007, noted the injection seemed to provide limited relief and hence surgery was discussed.

On September 24, 2007, it was noted that the injections and physical therapy (PT) had not helped the patient much and hence she was to proceed with surgery.

On October 23, 2007, a second corticosteroid injection was administered in the right knee.

On October 25, 2007, performed chondroplasty of the diffuse partial-thickness cartilage lesions of the medial femoral condyle and chondroplasty of the partial-thickness cartilage lesions of the lateral tibial plateau and chondroplasties of the medial and lateral patellar facets. A Marcaine infusion catheter was inserted. did not identify any of the cartilage lesions as being traumatic.

On November 5, 2007, the patient presented for suture removal from the right knee. She was advised to keep the wound clean and dry and return in four weeks.

On December 17, 2007, noted the patient's knee exam was positive for medial joint line tenderness, patellar tenderness, parapatellar region tenderness, positive McMurray and Apley compression tests and positive crepitus, the same as before surgery. He assessed traumatic osteochondral lesion of the right knee and chondromalacia patella and administered a corticosteroid injection to the right knee. PT was to be continued to convert to a home program and follow-up recommended in six weeks. The patient was allowed to return to desk type work only.

2008: On January 16, 2008, noted the incisions were well-healed and continued the patient on PT. She was released to full duty work and a follow-up was recommended in four weeks.

On March 14, 2008, performed a designated doctor evaluation (DDE) and assessed maximum medical improvement (MMI) with whole person impairment (WPI) rating of 4%.

On March 24, 2008, saw the patient five months status post right knee arthroscopy. Examination demonstrated well-healed incisional scar of the right

knee, moderate amount of crepitus but negative McMurray. There was a mild amount of medial joint line tenderness. recommended continuing PT and current activities. A follow-up was scheduled in four weeks.

On April 23, 2008, the examination findings remained the same. recommended continuing the medications and resuming all activities she could tolerate and return to office as needed.

2009 – 2013: No records are available.

2014: On November 5, 2014, the patient returned with complaints of right knee pain rated as 10/10, burning, sharp, throbbing and continuous in nature. The pain was worse with bending, standing and walking and better with cold. She had difficulty walking, limited range of motion (ROM), stiffness, swelling and nighttime pain. Examination of the right knee showed crepitus, lateral joint line and medial joint line tenderness, patellar tenderness, positive McMurray and Apley compression test. Knee x-rays showed no new fractures or dislocations, but there were moderate posttraumatic degenerative changes noted with osteophyte formation, joint space narrowing, and subchondral sclerosis. The patient was diagnosed with increased right knee pain status post right knee arthroscopy on October 25, 2007, posttraumatic arthritis. He opined the patient had done well with her right knee until recently, which was common with her injury and subsequent knee surgery. It was anticipated that the patient would start to have some increased symptoms five to eight years after a knee arthroscopy. He scheduled the patient for MRI of the right knee to get a better idea as to the posttraumatic changes as well as any meniscal degeneration or tears.

On December 8, 2014, denied the request for MRI of right knee with the following rationale: "*There was no report of a new acute injury or exacerbation of previous symptoms. It was reported that plain radiographs revealed no new fractures or dislocations; however, there were no imaging studies provided for review. There was no mention that a surgical intervention was anticipated. There were no recent physical examination findings of any decreased motor strength, increased reflex or sensory deficits. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the patient has completed to date or the patient's response to any previous conservative treatment. There was no indication that the patient was actively participating in a home exercise program. There were no additional significant red flags identified that would warrant this study. Given the clinical documentation submitted for review, medical necessity of the request for an MRI of the right knee without contrast has not been established and hence the request was denied*."

On December 12, 2014, requested reconsideration of the MRI stating it was medically necessary to determine cause of continued pain and to determine if it was related to a previous Injury and also needed to determine course of further treatment.

On December 23, 2014, denied the appeal for MRI of the right knee. Rationale: "*The submitted records indicate this patient had previously undergone a right knee arthroscopy in 2008 after slipping on a wet floor. Then there is a significant gap until she returned to clinic in November of 2014. X-rays demonstrated degenerative changes consistent with her age at 60 at that time, Guidelines indicate that a MRI may be considered reasonable for acute trauma to the knee or for nontraumatic knee pain if x-rays are non-diagnostic. For this patient, x-rays are diagnostic for DJD to the knee. Recommendation is for non-certification of this request for reconsideration for MRI of the right knee without contrast*."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The preauthorization denials appear to have been appropriately determined based on ODG criteria. The recent presentation is consistent with degenerative arthritis, and the diagnosis can easily be made based on history, symptoms, exam findings, and x-rays that identified degenerative arthritis. MRI is not indicated.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**